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STATE OF MONTANA
DIVISION OF FORENSIC SCIENCE
DEPARTMENT OF JUSTICE
275 West Front Street, Missoula, MT 59802 (406) 728-4970

Ronald L. Rieri, M.D.
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FEBRUARY 1982

UNIDENTIFIED DEAD/MISSING PERSON REPORTS

We are joining the Colorado Bureau of Investigations system for handling unidentified dead. There is no cost to us except postage or use of NLETS. All the information is enclosed.

SEROLOGY

We have received a number of inquiries concerning methods to send blood so that it will not freeze in our winter weather. Although it is important that the blood not freeze, blood will not normally freeze in the mail if placed in a mailer with paper or other insulation around the tubes. Styrofoam containers are not necessary, but do provide good insulation. Mailing samples in the first part of the week so they won't sit over the weekend may also be useful. Use red tops for typing and grey tops for blood alcohol or drugs.

FEBRUARY 1982

ON CALL SCHEDULE - MONTANA STATE MEDICAL EXAMINER

275 W. Front Street
Missoula, Montana 59802

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6 RON RIVERS
7 RON RIVERS	8	9	10	11	12	13 JOHN PFAFF
14 JOHN PFAFF	15	16	17	18	19	20 RON RIVERS
21 RON RIVERS	22	23	24	25	26	27 JOHN PFAFF
28 JOHN PFAFF						

Telephone Numbers: State Office - 728-4970
WATS Line - 243-5796

Home Phone: Dr. Ron Rivers- 728-2033 (Home)
(week nights call unless otherwise indicated)

Dr. John Pfaff - Great Falls
Hospital - 727-3333
Home - 727-3905

Dr. Ken Mueller- Billings
Hospital - 657-7000
Home - 248-3024

February 1982
CHILD ABUSE
R. L. Rivers, M.D.

A two-year old child was last seen alive by the mother at 9:36 a.m. He was found unresponsive shortly after 12:30 p.m. He was taken to a hospital where he was DOA at 1:03 p.m. He had been seen in the emergency room the day before with a diagnosis of tonsillitis.

The hospital called the sheriff because of multiple bruises over the face. The mother's boyfriend stated that the child had been running and fell over a rock.

QUESTIONS:

1) What should the sheriff do first when presented with a suspected battered child death?

2) What findings would be seen at the autopsy?

3) What other important information should be obtained by the sheriff?

4) What additional procedures might the pathologist request?

ANSWERS

1. After the coroner has been notified it should be immediately reported to the Division of Forensic Science. This enables the investigator to discuss the case with the forensic pathologist on call. These are difficult cases to prosecute and must be investigated thoroughly and carefully. Total body X-rays and extensive photography of all the injuries are crucial.

2. In cases of child abuse the autopsy typically reveals evidence of old and recent injuries. Stories regarding recent "falls" do not explain the old injuries. The injury that caused the death, usually a skull fracture or rupture in the abdomen, is inconsistent with the "accident". Frequently the suspect will change the story or confess when told his lie doesn't hold water with the autopsy findings. Old rib fractures or healing fractures of the arms and legs seen on the X-rays will tell the brutal treatment the child had received in the past.

3. Besides the interviews with the parents and/or the paramours, the investigator would be wise to talk to the siblings, babysitters, neighbors and pediatrician if there is one. Note the orderliness of the home and inform the autopsy surgeon if CPR was given.

4. Microscopic sections of the bruises or any burns will document repeated episodes of injury at different times. Bone marrow should be examined for evidence of any blood diseases. Examine the inside of the mouth, anus, and vagina for injuries. Of course do a complete rape examination if the case appears sex related.

   A blood sample is vital for comparison with blood stains on the assailant or at the scene.

   Extra blood and urine may be analyzed for drugs or poison. The vitreous may be analyzed for electrolytes in cases of child neglect with dehydration.

NOTE: The successful prosecution of an abuser may save another innocent child's life. Many cases have been uncovered that involved more than one child in the family. Unfortunately it was only after the second child's death that a pattern of abuse was discovered.

Richard D. Lamm, Governor

Department of Local Affairs
Colorado Bureau of Investigation
John R. Enright, Director

December 2, 1981

Dr. Ron Rivers, M.D.
275 West Front Street
Missoula, Montana 95802

Unknown Dead/Missing Person

Dear Dr. Rivers:

Enclosed is a copy of our Unidentified/Missing Person Report. Please use it for reporting to our Computerized Dead File or send the same information via NLETS to ORI/COCBI0000.

Please let us know if we can assist further in this matter.

Sincerely,

John R. Enright
Director

By
W. Gray Buckley
Agent in Charge
Crime Information Section

2002 South Colorado Boulevard, Denver, Colorado 80222 (303) 759-1100
P.O. Box 790, Montrose, Colorado 81401 (303) 249-8621
3416 N. Elizabeth Street, Pueblo, Colorado 81008 (303) 542-1133

UNIDENTIFIED DEAD FILE

INSTRUCTIONS

There is a national need for a single file of unidentified dead in the United States to assist in speedy identification of human remains found in jurisdictions other than those from which they are reported missing. The Colorado Bureau of Investigation has established such a file for voluntary use by law enforcement agencies to demonstrate both the need and the minimal resources required to address the need.

The expense of contributing agencies is limited to the postage involved in sending reports to the Colorado Bureau of Investigation (CBI) in Denver. It is preferred that such reports be sent via the National Law Enforcement Telecommunications System (NLETS) network to insure prompt service.

OPERATING PROCEDURES

An agency with unidentified remains completes a report describing the remains and mails it to the CBI. This step could be accomplished more simply by sending an NLETS message with the same information to COCBI0000.

The CBI Identification Unit files that report in a manual file after computerizing the ident information.

An investigator, usually working a missing person case, may check the file via the U.S. Mail or NLETS, by providing the ident data needed to search the file. A response would be provided during normal business hours, giving the inquisitor any possible lead information; i.e., who has a body fitting the description of the Missing/Lost person. Investigators should not check the CBI "Dead File" until the person being sought has been missing for at least 30 days.

Once an identification is made, the originating agency must ask the CBI to destroy the index record in the Dead File.

This is an index file only, and does not contain complete reports, photographs, locations of the remains, or the like. The information in this file is of the index/pointer variety. Its value will depend on its completeness and on completeness of participation and active use by investigators.

COMPUTERIZED RECORD

Agency Reporting: Agency Case Number:

Date of
Recovery of the Remains:

Remains Description:

A detailed description of the remains (clothing, jewelry, etc.) is in the manual file.

UNIDENTIFIED DEAD FILE

BACKGROUND

The materials attached give a brief functional description of the Unidentified Dead File maintained by the Colorado Bureau of Investigation (CBI). It is our hope that once the need for and economy of the file is demonstrated, a national agency could add such a file to its on-line services.

The CBI developed this file first to minimize its work in checking the many weekly teletype inquiries concerning missing persons and/or unidentified dead. Second, we wanted to be better prepared to handle mass fatalities involving unidentified dead. The State Emergency Preparedness Plan obligates the CBI to coordinate identification of unidentified dead, together with related communications duties.

We have drawn on resources of the IAI, the USAF, and Colorado State University, the FBI, and our own staff in designing our own reporting form, the dental charting procedure, and our computerized file system. We have automated basic identification data, and are prepared to do the same with the dental information.

Our system, not unlike NCIC, is dependent on two phases of user participation. First, the reference information (reports of unidentified dead) must be filed. Second, investigators need to check their missing person reports against the file. The CBI file function is to point the inquirer to the law enforcement agency with information that might be helpful.

You may already realize:

1. Many missing person reports are delayed until months or years after the corpse in question has been recovered.

2. Efforts to link unidentified dead with missing person reports are minimal.

3. Most unidentified human remains are in good condition (recent death) and are easily described in standard police terminology.

We concluded the cost of our own file system would be minimal; our work would be reduced as a result of it; and our service to law enforcement in this area would be improved markedly.

Unidentified Dead/Missing Person Report

☐ Unidentified Dead (UID) ☐ Missing Person(MNP) Reporting Agency _____ Case Number _____

Name _____ Address/Location _____

AKA _____ Occupation _____ Employer _____

SOC _____ LIC _____ LIS _____ OLN _____ OLS _____ POB _____

MNU's _____ Estimated Time of Death _____

Reporting Party _____ Address _____ Phone _____

Clothing(Describe In Detail) _____

Rings(RIN)
☐ Gold Band(1)
☐ Silver Band(2)
☐ Diamond(3)
☐ Turquoise(4)
☐ Class(5)
☐ Other(6) _____

Other Personal Items(OPI) _____

Physician

Name _____

Address _____

Phone _____

Fingerprint Class(NCIC)
(FPC) (Attach prints)

Dentist

Name _____

Address _____

Phone _____

Age/Date of Birth(DOB)
☐ Infant(1)
☐ Young Child(2)
☐ 10-13(3)
☐ 14-17(4)
☐ 18-25(5)
☐ 26-35(6)
☐ 36-45(7)
☐ 46-55(8)
☐ 56-Over(9)
☐ Exact DOB(10) _____

Sex(SEX)
☐ Male(1)
☐ Female(2)
☐ Unknown(3)

Race(RAC)
☐ Caucasian(1)
☐ Negro(2)
☐ Chicano(3)
☐ Indian(Amer)(4)
☐ Chinese(5)
☐ Japanese(6)
☐ Other(7) _____

Height (HGT)
☐ Small Child(1)
☐ Very Short(503-Under)(2)
☐ Short(503-506)(3)
☐ Medium(507-509)(4)
☐ Tall(510-601)(5)
☐ Very Tall(602-Over)(6)
Exact Height(7) _____

Weight(WGT)
☐ Very Thin(1)
☐ Thin(2)
☐ Medium(3)
☐ Muscular(4)
☐ Heavy/Stock(5)
☐ Obese(6)
Exact Weight(7) _____
Approx Weight(8) _____

Complexion(SKN)
☐ Albino(1) ☐ Sallow(8)
☐ Black(2) ☐ Yellow(9)
☐ Dark(3) ☐ Ruddy(10)
☐ Medium(4)
☐ Light(5)
☐ Fair(6)
☐ Olive(7)

Nose(NOS)
☐ Crooked(1)
☐ Hooked(2)
☐ Upturned(3)
☐ Long(4)
☐ Broad(5)
☐ Flat(6)
☐ Small(7)
☐ Thin(8)
☐ Discolor(9)
☐ Mole(10)
☐ Scar(11)
☐ Tattoo(12)
Tattoo Type(13) _____

Eyes
Color(EYE)
☐ Brown(1)
☐ Blue(2)
☐ Hazel(3)
☐ Black(4)
☐ Green(5)
☐ Gray(6)
☐ Maroon(7)
☐ Pink(8)
Other(9) _____

Other Features (EYS)
☐ Missing Left(1)
☐ Missing Right(2)
☐ Cataract Left(3)
☐ Cataract Right(4)
☐ False Left(5)
☐ False Right(6)
☐ Mole Left(7)
☐ Mole Right(8)
☐ Blind Left(9)
☐ Blind Right(10)
☐ Discolor Left(11)
☐ Discolor Right(12)
☐ Contacts(13)
☐ Glasses(14)
☐ Sunglasses(15)
☐ Crossed(16)
☐ Bulging(17)
☐ Squint/Blink(18)
☐ Irregular(19)
☐ Dilated(20)
☐ Scar Left(21)
☐ Scar Right(22)
☐ Other(23) _____

Hair
Color(HAI)
☐ Black(1)
☐ Lt.Brown(2)
☐ Drk Brown(3)
☐ Blond/Strawberry(4)
☐ Gray(5)
☐ Partially Gray(6)
☐ Red/Auburn(7)
☐ Sandy(8)
☐ White(9)
☐ Salt & Pepper(10)
Other(11) _____

Fiber(HRF)
☐ Wavey(1)
☐ Kinky(2)
☐ Bushy(3)
☐ Curly(4)
☐ Straight(5)
Other(6) _____

Type(HRT)
☐ Bald/Thin(1)
☐ Dyed(2)
☐ Straightened(3)
☐ Wig/Toupee(4)
☐ Crew-cut(5)
☐ Streaked/Frosted(6)
☐ Afro Style(7)
☐ Short(8)
☐ Mid-neck(9)
☐ Shoulder(10)
☐ Longer than shoulder(11)
☐ Other(12) _____

(OVER)

Face

Hair(FAH)
- ☐ Clean Shaven(1)
- ☐ Unshaven(2)
- ☐ Full Beard/Goatee(3)
- ☐ Mustache Heavy(4)
- ☐ Mustache Thin(5)
- ☐ Brows Heavy(6)
- ☐ Brows Thin(7)
- ☐ Side Burns Long(8)
- ☐ Side Burns Short(9)
- ☐ Mutton Chops(10)

Shape(FAR)
- ☐ Caucasian W/Negroid(1)
- ☐ Negroid -W/Caucasian(2)
- ☐ High Cheek Bone(3)
- ☐ Hollow Cheek(4)
- ☐ Long(5)
- ☐ Broad(6)
- ☐ Thin(7)
- ☐ Round(8)

Other(9) _____

Oddities(FAO)
- ☐ Mole Neck(1)
- ☐ Mole Upper Lip(2)
- ☐ Mole Lower Lip(3)
- ☐ Lips Thick(4)
- ☐ Lips Thin(5)
- ☐ Chin Protruded(6)
- ☐ Chin Receded(7)
- ☐ Hairlip(8)
- ☐ Freckles(9)
- ☐ Pockmarks(10)
- ☐ Discolor Lips(11)
- ☐ Discolor Chin(12)
- ☐ Discolor Forehead(13)
- ☐ Discolor Left Cheek(14)
- ☐ Discolor Right Cheek(15)
- ☐ Discolor Neck(16)
- ☐ Scar Left Cheek(17)
- ☐ Scar Right Cheek(18)
- ☐ Scar Chin(19)
- ☐ Scar Forehead(20)
- ☐ Scar Upper Lip(21)
- ☐ Scar Lower Lip(22)
- ☐ Scar Neck(23)
- ☐ Scar Face(Non Specific)(24)
- ☐ Tattoo Left Cheek(25)
- ☐ Tattoo Right Cheek(26)
- ☐ Tattoo Chin(27)
- ☐ Tattoo Forehead(28)
- ☐ Tattoo Neck(29)
- ☐ Tattoo Head(Non Specific)(30)

Tattoo Type(31) _____

Ears(ERS)
- ☐ Mole Left(1)
- ☐ Mole Right(2)
- ☐ Deaf Left(3)
- ☐ Deaf Right(4)
- ☐ Discolor Left(5)
- ☐ Discolor Right(6)
- ☐ Hearing Aid Left(7)
- ☐ Hearing Aid Right(8)
- ☐ Missing Left(9)
- ☐ Missing Right(10)
- ☐ Cauliflower Left(11)
- ☐ Cauliflower Right(12)
- ☐ Pierced Left(13)
- ☐ Pierced Right(14)
- ☐ Protruding(15)
- ☐ Large(16)
- ☐ Medium(17)
- ☐ Small(18)
- ☐ Scar Left(19)
- ☐ Scar Right(20)
- ☐ Tattoo Left(21)
- ☐ Tattoo Right(22)

Tattoo Type(23) _____

Teeth(TTH)
- ☐ Missing(1)
- ☐ Gold(2)
- ☐ Silver(3)
- ☐ Broken(4)
- ☐ Stain/Decay(5)
- ☐ Protruding(6)
- ☐ Irregular(7)
- ☐ Bridge(8)
- ☐ Upper Denture(9)
- ☐ Lower Denture(10)
- ☐ Full Denture(11)
- ☐ Braces(12)

Other Body Features

Artifical(ART)
- ☐ Arm Left(1)
- ☐ Arm Right(2)
- ☐ Foot Left(3)
- ☐ Foot Right(4)
- ☐ Hand Left(5)
- ☐ Hand Right(6)
- ☐ Leg Left(7)
- ☐ Leg Right(8)

Other(9) _____

Crippled/Deformed (DFD)
- ☐ Arm Left(1)
- ☐ Arm Right(2)
- ☐ Fingers Left(3)
- ☐ Fingers Right(4)
- ☐ Foot Left(5)
- ☐ Foot Right(6)
- ☐ Hand Left(7)
- ☐ Hand Right(8)
- ☐ Leg Left(9)
- ☐ Leg Right(10)
- ☐ Short Left(11)
- ☐ Short Right Leg(12)
- ☐ Hunchbacked(13)
- ☐ Extra Fingers Left(14)
- ☐ Extra Fingers Right(15)

Missing(AMP)
- ☐ Arm Left(1)
- ☐ Arm Right(2)
- ☐ Forearm Left(3)
- ☐ Forearm Right(4)
- ☐ Fingers Left(5)
- ☐ Fingers Right(6)
- ☐ Foot Left(7)
- ☐ Foot Right(8)
- ☐ Hand Left(9)
- ☐ Hand Right(10)
- ☐ Leg Left(11)
- ☐ Leg Right(12)
- ☐ Lower Leg Left(13)
- ☐ Lower Leg Right(14)
- ☐ Toe Left Foot(15)
- ☐ Toe Right Foot(16)

Needle Marks(NEM)
- ☐ Arm Left(1)
- ☐ Arm Right(2)
- ☐ Fingers Left(3)
- ☐ Fingers Right(4)
- ☐ Hand Left(5)
- ☐ Hand Right(6)
- ☐ Leg Left(7)
- ☐ Leg Right(8)
- ☐ Wrist Left(9)
- ☐ Wrist Right(10)

Discolorations(DSC)
- ☐ Arm Left(1)
- ☐ Arm Right(2)
- ☐ Fingers Left(3)
- ☐ Fingers Right(4)
- ☐ Hand Left(5)
- ☐ Hand Right(6)
- ☐ Wrist Left(7)
- ☐ Wrist Right(8)

Fractures(FRC)
- ☐ Ankle Left(1)
- ☐ Ankle Right(2)
- ☐ Arm Left(3)
- ☐ Arm Right(4)
- ☐ Hand Left(5)
- ☐ Hand Right(6)
- ☐ Fingers Left(7)
- ☐ Fingers Right(8)
- ☐ Leg Left(9)
- ☐ Leg Right(10)
- ☐ Skull(11)
- ☐ Torso(12)

Pregnancy(PRG)
- ☐ Was(1) ☐ #(2) _____
- ☐ Is(3)
- ☐ Never(4)

Circumcized(CRC)
- ☐ Yes(1)
- ☐ No(2)

Other(13) _____

Scars(BSC)
- ☐ Abdomen(1)
- ☐ Ankle Left(2)
- ☐ Ankle Right(3)
- ☐ Arm Left(Non Specific)(4)
- ☐ Arm Right(Non Specific)(5)
- ☐ Arm Upper Left(6)
- ☐ Arm Upper Right(7)
- ☐ Back(8)
- ☐ Breast(9)
- ☐ Buttocks(10)
- ☐ Calf Left(11)
- ☐ Calf Right(12)
- ☐ Chest(13)
- ☐ Elbow Left(14)
- ☐ Elbow Right(15)
- ☐ Fingers Left(16)
- ☐ Fingers Right(17)
- ☐ Foot Left(18)
- ☐ Foot Right(19)
- ☐ Forearm Left(20)
- ☐ Forearm Right(21)
- ☐ Hand Left(22)
- ☐ Hand Right(23)
- ☐ Knee Left(24)
- ☐ Knee Right(25)
- ☐ Leg Left(Non Specific)(26)
- ☐ Leg Right(Non Specific)(27)
- ☐ Shoulder Left(28)
- ☐ Shoulder Right(29)
- ☐ Thigh Left(30)
- ☐ Thigh Right(31)
- ☐ Wrist Left(32)
- ☐ Wrist Right(33)

Tattoos(TAT)
- ☐ Abdomen(1)
- ☐ Ankle Left(2)
- ☐ Ankle Right(3)
- ☐ Arm Left(Non Specific)(4)
- ☐ Arm Right(Non Specific)(5)
- ☐ Arm Upper Left(6)
- ☐ Arm Upper Right(7)
- ☐ Back(8)
- ☐ Breast(9)
- ☐ Buttocks(10)
- ☐ Chest(11)
- ☐ Elbow(12)
- ☐ Face(13)
- ☐ Fingers Left(14)
- ☐ Fingers Right(15)
- ☐ Foot Left(16)
- ☐ Foot Right(17)
- ☐ Forearm Left(18)
- ☐ Forearm Right(19)
- ☐ Hand Left(20)
- ☐ Hand Right(21)
- ☐ Knee Left(22)
- ☐ Knee Right(23)
- ☐ Leg Left (Non Specific)(24)
- ☐ Leg Right (Non Specific)(25)
- ☐ Shoulder Left(26)
- ☐ Shoulder Right(27)
- ☐ Thigh Left(28)
- ☐ Thigh Right(29)
- ☐ Wrist Left(30)
- ☐ Wrist Right(31)
- ☐ Tattoo Type(31) _____

Blood Type(BLT)
- ☐ A(1) ☐ AB(4)
- ☐ B(2) ☐ +(5)
- ☐ O(3) ☐ −(6)

Breasts(BRE)
- ☐ Large(1)
- ☐ Medium(2)
- ☐ Small(3)

Dental Class(DNT) (Attach chart) _____

Metal Pins/Plate(MPP) _____

Miscellaneous(MIS) _____

(Attach additional information as needed)

Signature of Official Completing Form _____ Title _____ ID# _____ Date _____ Time _____